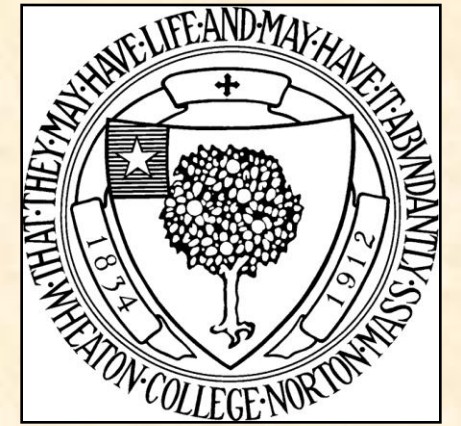


Do clinicians prefer the 2006 or the 2001 CDC HIV testing recommendations?

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OBJECTIVE

The 2006 Centers for Disease Control and Prevention (CDC) HIV testing recommendations contain major changes in HIV testing methods compared to the 2001 recommendations. We surveyed clinicians about their preferences for the 2006 or the 2001 CDC-recommended methods to conduct HIV testing in the health care setting.

METHODS

We developed an internet-based, anonymous, self-administered survey that presented a series of pictorial scenes of a fictional clinician testing a patient for HIV using the 2006 vs. the 2001 CDC-recommended methods. The survey measured participant preferences on: (1) opt-out vs. opt-in approach to testing, (2) general medical vs. specific written consent for testing, and (3) optional vs. mandatory prevention counseling at the time of HIV testing. Clinicians from the internal medicine clinics, family medicine clinics, and emergency departments at three Brown University-affiliated hospitals were surveyed.

Multivariable logistic regression models were created to identify clinician characteristics associated with favoring the 2006 vs. the 2001 recommendations. Odds ratios (ORs) with corresponding 95% confidence intervals were estimated.

RESULTS

Respondent Characteristics: (n=241)

- **Demographics** - 50.6% were female; the median age was 32 years; 4.2% were Latino; 80.5% were white, 1.2% were black, 13.7% were Asian, and 4.6% were of other race
- **Specialty** - 44.4% were emergency medicine, 15.3% were family medicine, and 40.3% were internal medicine clinicians
- **Clinician type** - 63.2% were residents/fellows, 31.4% were attending physicians, and 5.4% were nurse practitioners or physician assistants
- **HIV testing history** - 66.4% had ever been tested for HIV

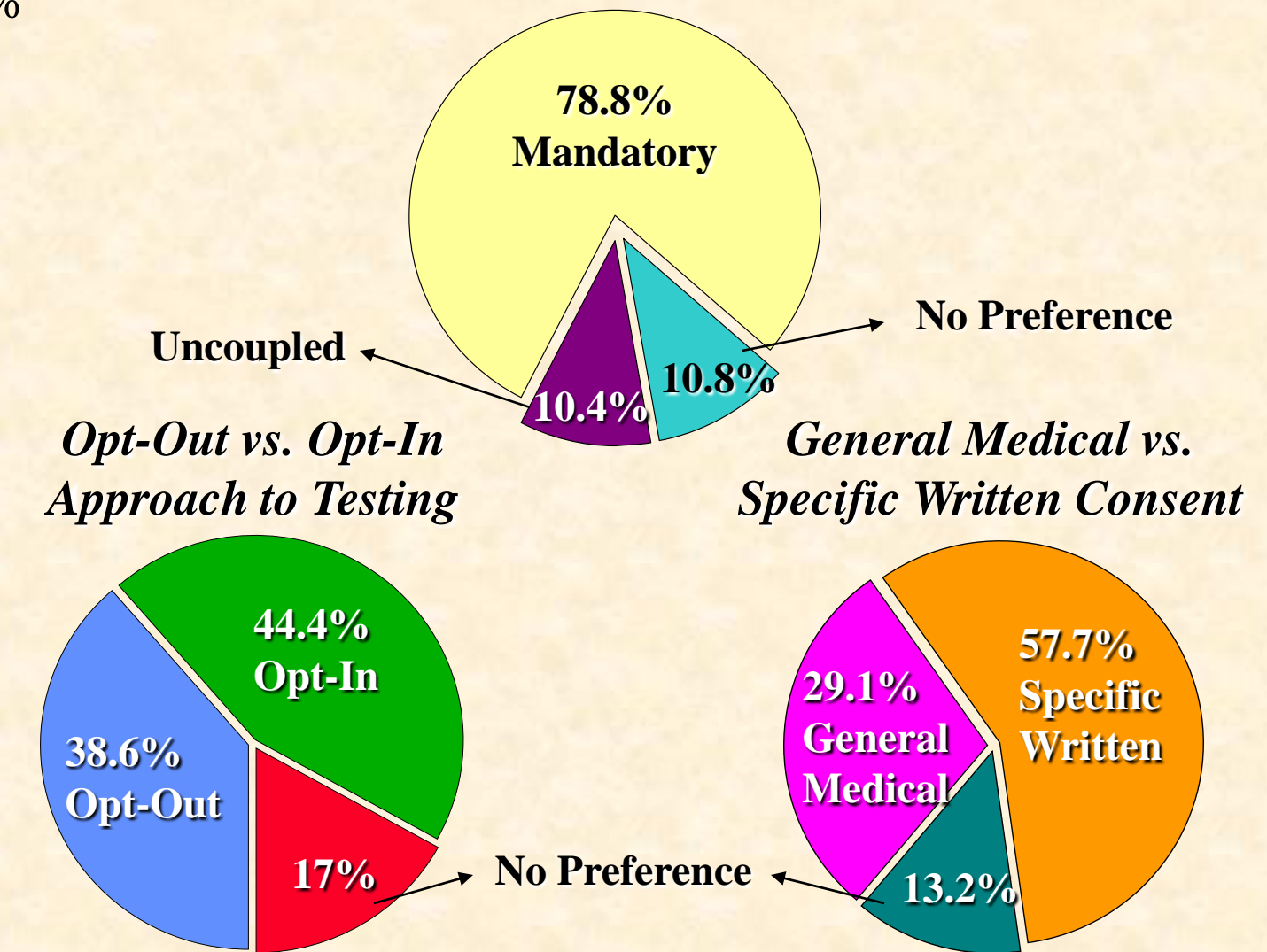
Main Reasons Clinicians Cited for their Preferences:

- The opt-in approach “treats patients with respect”
- Specific written consent “makes sure doctors talk to their patients about HIV”
- Mandatory prevention counseling “is a chance to help patients reduce their risk of getting HIV”

Logistic Regression Analysis:

- With the exception of females who preferred the opt-out approach over the opt-in approach [OR 2.03 (1.14-3.64)], no other clinician characteristics (age, Latino ethnicity, race, specialty, clinician type, and HIV testing history) were associated with preferences for the 2006 vs. the 2001 CDC-recommended HIV testing methods.

Preferences for the 2006 or 2001 CDC-recommended HIV Testing Methods: Uncoupled vs. Mandatory Prevention Counseling



CONCLUSIONS

Except for females who favored the opt-out approach, clinicians at these medical school-affiliated primary care and emergency medicine settings uniformly preferred the 2001 CDC recommendations. CDC needs to build support among clinicians to aid in the implementation of the new recommendations.